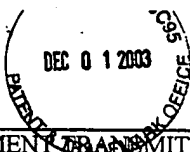


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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-027 (P-TB 4567)	
SERIAL NO: 09/765,696	FILING DATE: January 19, 2001	EXAMINER: M. Baker	GROUP ART UNIT: 1639 CONFIRMATION NO.: 6467
INVENTION: MULTI-PARTITE LIGANDS AND METHODS OF IDENTIFYING AND USING SAME			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401711056 US
DATE OF DEPOSIT: December 1, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE 37
C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: MAIL STOP AF, COMMISSIONER FOR PATENTS,
P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

RECEIVED

DEC 08 2003

TECH CENTER 1600/2900

PAUL CHOI
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed July 29, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	16	-	25	-	0	x \$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	4	-	7	-	0	x \$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
			YES		XX NO	\$140	\$280	=	\$0.00	\$
						TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

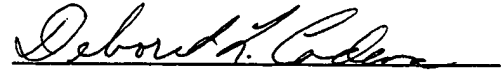
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$55.00, which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.

Inventor: Daniel S. Sem
Serial No.: 09/765,696
Filed: January 19, 2001
Page 2

- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena
Registration No. 44,048

McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001